

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	VINN		10-22-01
<b>O.I.P.E. CLASSIFIER</b>	DR	3	10/15
<b>FORMALITY REVIEW</b>	FL	1141	10/29/01
<b>RESPONSE FORMALITY REVIEW</b>	PS	2-7	10-17-01

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

5/20/01  
b

Claim	Date
1	
2	✓
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19	✓
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If more than 150 claims or 10 actions  
staple additional sheet here

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12/11/01  
L20